

Exhibit K

Subject:
[Fwd: Survey]
From:
Cory Gregory <Cory.Gregory@ncmail.net>
Date:
Mon, 18 Aug 2008 15:26:06 -0400
To:
Alicia Whitfield <Alicia.Whitfield@ncmail.net>, Cory Gregory
<Cory.Gregory@ncmail.net>, "Douglas.Dexter" <Douglas.Dexter@ncmail.net>, Edith
Hugee <Edith.Hugee@ncmail.net>, "Jacqueline.E.Jones"
<Jacqueline.E.Jones@ncmail.net>, LeAnn Crocker <LeAnn.Crocker@ncmail.net>,
Leychia Gamble <Leychia.Gamble@ncmail.net>, Lillian Vinson
<Lillian.Vinson@ncmail.net>, Blondine Knelsen <Blondine.Knelsen@ncmail.net>,
Nikki Jarman <Nikki.Jarman@ncmail.net>, Pauline Grady
<Pauline.Grady@ncmail.net>, Phyllis Brown <Phyllis.Brown@ncmail.net>, Tracy
Carter <Tracy.Carter@ncmail.net>, Kay Gurley <Kay.Gurley@ncmail.net>, Stephanie
McClenny <Stephanie.McClenny@ncmail.net>, June Waller <June.Waller@ncmail.net>,
Kathy Reackhoff <Kathy.Reackhoff@ncmail.net>, Sherry Williamson
<Sherry.Williamson@ncmail.net>, Jerome Ellis <Jerome.Ellis@ncmail.net>, Nell
Wiggins <Nell.Wiggins@ncmail.net>, Katherine Walls <Katherine.Walls@ncmail.net>,
"George.B.Carr" <George.B.Carr@ncmail.net>, Denise Bernard
<Denise.Bernard@ncmail.net>, Timothy Bradshaw <Timothy.Bradshaw@ncmail.net>,
Marquette McQuerry <Marquette.McQuerry@ncmail.net>, Sheontee Ferebee
<Sheontee.Ferebee@ncmail.net>, Patricia Ross <Patricia.Ross@ncmail.net>, Ellen
Brinkley <Ellen.Brinkley@ncmail.net>, Amelia Mahan <Amelia.Mahan@ncmail.net>

Please review recent SWMT memo sent out last week re: upcoming surveys.

I met with Janet today to make additional changes to the reporting procedure from the abuse/neglect/exploitation policy. As a result, we will have to review the new procedure in the upcoming department meeting on 8/20/08, and sign a new review/sign form. The changes came about from a meeting held on 8/17 with Exec. team members, and per recommendation from Dr. St. Clair. The department meeting is mandatory for all to attend. Please be there on time, adjust your schedule if necessary. The review of the policy will be first on the agenda. The new procedure will go into effect on 8/21, so right now follow policy changes that went into effect today. Thank you

Change in Staff Privileges - LAW **Exhibit M**

§ 90-14.13. Reports of disciplinary action by health care institutions; reports of professional liability insurance awards or settlements; immunity from liability.

(a) The chief administrative officer of every licensed hospital or other health care institution, including Health Maintenance Organizations, as defined in G.S. 58-67-5, preferred providers, as defined in G.S. 58-50-56, and all other provider organizations that issue credentials to physicians who practice medicine in the State, shall, after consultation with the chief of staff of that institution, report to the Board the following actions involving a physician's privileges to practice in that institution within 30 days of the date that the action takes effect:

1. A summary revocation, summary suspension, or summary limitation of privileges, regardless of whether the action has been finally determined.
2. A revocation, suspension, or limitation of privileges that has been finally determined by the governing body of the institution.
3. A resignation from practice or voluntary reduction of privileges.
4. Any action reportable pursuant to Title IV of P.L. 99-660, the Health Care Quality Improvement Act of 1986, as amended, not otherwise reportable under subdivisions (1), (2), or (3) of this subsection.

(a1) A hospital is not required to report:

1. The suspension or limitation of a physician's privileges for failure to timely complete medical records unless the suspension or limitation is the third within the calendar year for failure to timely complete medical records. Upon reporting the third suspension or limitation, the hospital shall also report the previous two suspensions or limitations.
2. A resignation from practice due solely to the physician's completion of a medical residency, internship, or fellowship.

(a2) The Board shall report all violations of subsection (a) of this section known to it to the licensing agency for the institution involved. The licensing agency for the institution involved is authorized to order the payment of a civil penalty of two hundred fifty dollars (\$250.00) for a first violation and five hundred dollars (\$500.00) for each subsequent violation if the institution fails to report as required under subsection (a) of this section.

(b) Any licensed physician who does not possess professional liability insurance shall report to the Board any award of damages or any settlement of any malpractice complaint affecting his or her practice within 30 days of the award or settlement.

(c) The chief administrative officer of each insurance company providing professional liability insurance for physicians who practice medicine in North Carolina, the administrative officer of the Liability Insurance Trust Fund Council created by G.S. 116-220, and the administrative officer of any trust fund or other fund operated or administered by a hospital authority, group, or provider shall report to the Board within 30 days any of the following:

1. Any award of damages or settlement of any claim or lawsuit affecting or involving a person licensed under this Article that it insures.
2. Any cancellation or nonrenewal of its professional liability coverage of a physician, if the cancellation or nonrenewal was for cause.

April 11, 2008 Called Med Staff Mtg. - (15)
 Px Note Training

Medical Staff

Exhibit N

<i>Psychiatrists</i>	<i>Unit/Location</i>	<i>Phone</i>	<i>Beeper #</i>
Dr. Kimberly Johnson	Clinical Director	3206	826-0240
Dr. Ralph Berg	U2-3E	3498	826-0031
Dr. K. M. Chengappa	U2-2W	3705	826-0125
Dr. Venkata Chittilla	U2-2E	3790	826-0250
Dr. P.R. Chowdhury	U1-2E	3268	826-0212
Dr. Hoda Eskander	U2-3E	3706	826-0131
Dr. Tesfa Alem Gebremeskel	U2-2E	3787	826-0377
Dr. Hassan Jabbour	Admission Office	3373	826-0220
Dr. M. P. Krishnaraj	U1-3W	3752	826-0129
Dr. S. Mattegunta	U4	3388	826-0231
Dr. Martha Anne McKnight	U2-2W	3531	826-0198
Dr. Kim Quang	U2-3E	3367	826-0241
Dr. Zahid Rauf	U4	3410	826-1229
Dr. Karl Stanley	U1-2W	3483	826-0797
Dr. Alök Uppal	Woodard	3778	826-0316
Dr. Karuna Uppal	Woodard	3467	826-0141

<i>Medical Doctors</i>	<i>Unit/Location</i>	<i>Phone</i>	<i>Beeper #</i>
Dr. Christine Ilunga	Consultant		826-0237
Dr. Khwaja Hussain	U1, Employee Health	3425	826-0243
Dr. Mangaraju Kolluru - extended sick leave		3408	826-0121
Dr. Gina Pittard	Acting Medical Director	3432 x211	826-1079

<i>Radiologist</i>	<i>Unit/Location</i>	<i>Phone</i>	<i>Beeper #</i>
Dr. Franklin Youngs	Royster	3366: 4139	

<i>Dentists</i>	<i>Unit/Location</i>	<i>Phone</i>	
Dr. William Radford	Royster	3348	

<i>Physician Extenders</i>	<i>Unit/Location</i>	<i>Phone</i>	<i>Beeper #</i>
Patricia Childers, ANP	Woodard	3436	826-0235
Sharon Crenshaw, PA-C	U1	3419	826-0256
Bob Franks, PA-C	U2-3E	3743	826-0136
Dennis Harris, PA-C	PMU, EH, TB Unit	3744	826-0254
Brenda Julian, CFNP	U2-2W	3745	826-0228
Jerry Shipman, PA-C	U1	3216	826-0128
Venyagaratnam Srikantha, PA-C	U2-3W	3732	826-0242

Revised: 6/23/08

Continuing Education Activity Attendance Roster
Cherry Hospital

Program: Progress Notes
Date: August 11, 2008

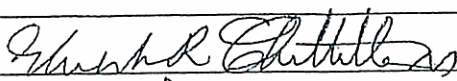
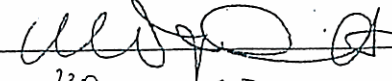
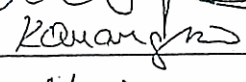

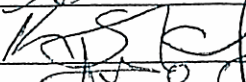

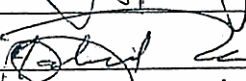
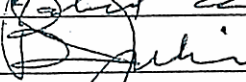
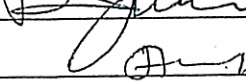
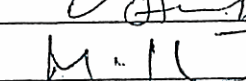
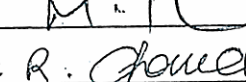
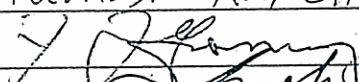

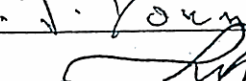
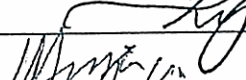
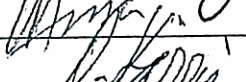
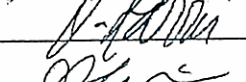
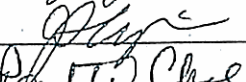
Time: 3:00pm. Location: Telemedicine Room

Credit Awarded ☐ Yes or ☒ No
Target Audience: Medical Staff

Type of Credit: ☐ CME ☐ CE Hours Earned Attendance

Signature	Print Name	Time In/Out		Credential						
				MD/DO	PA/NP	Psychology	Phar	SW	RN/LPN	Other
1. S. Mattegunta MD	S. Mattegunta MD	3:00p		✓						
2. Hoda E. Kander MBP	Hoda E. Kander MBP			✓						
3. P. BERG MD	P. BERG MD	3:00p		X						
4. K. Uppal MD	KARUNA UPPAL	3:00pm		✓						
5. Alok Uppal MD	ALOK UPPAL	3pm		✓						
6. T. Gebremeskel	T. Gebremeskel	3pm		✓	✓					
7. Sharon Crenshaw	S. Crenshaw Jr	3pm			✓					
8. K. M. Changafor	K. M. Changafor			✓	✓					
9. J. Shigam PAC	J. Shigam PAC	3pm			✓					
10. S. Delbert (Francis)	S. Delbert (Francis)	3pm			✓					
11.										
12.										
13.										
14.										
15.										
16.										
17.										

Signature indicates employee has received a copy of materials and minutes from the August 11, 2008 Medical Staff Meeting and are responsible for knowledge of same.

NAME (PLEASE PRINT)			SIGNATURE	DATE
LAST	FIRST	MI		
1. CHITTILLA	VENKATA	R		8/11/08
2. RAO	William	D		8/11/08
3. QUANG	Kim	C		8/12/08
4. Pittard	Gina			8/12/08
5. Stanley	Karl			8/12/08
6. SRIKANTHA	VENKATA			8/12/08
7. Ray	Zahed			8/12/08
8. Guleria	Brenda			8/12/08
9. DIPPAL	ALOK			8/13/08
10. MUTHAYAN	KRISHNARAJ			8/13/08
11. Paritosh ROY CHOWDHURY	R.			8/13/08
12. 			F. J. Young	8/13/08
13. 	H. Tobbou	MD		8/13/08
14. HUSSAIN	KAWA	SA		8/18/08
15. Harris	Dennis			8/18/08
16. Shipman	Jerry			8/18/08
17. Childers,	Patti			8/15/08
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Called Cherry Hospital Medical Staff Minutes

Date: August 11, 2008

Meeting Convened: 3:05 p.m.

Meeting Adjourned: 3:20 p.m.

Item

Recommendations/Actions/Conclusions

Follow-Up

Dr. Kimberly Johnson,
Clinical Director

Dr. Johnson called this meeting to discuss with the medical staff the Immediate Jeopardy (IJ) status which the hospital was placed under on Saturday, August 9th by the Division of Health Services Regulation (DHSR). The hospital was placed under IJ status because of two incidents which occurred in April, 2008. Specifically, the hospital was cited for failure to provide appropriate care for a patient and failure to use proper de-escalation techniques with an agitated patient. The hospital has 23 days to submit a plan of correction and demonstrate to the surveyors the issues have been addressed. A full hospital survey will follow.

Staff were given a copy of the North Carolina Medical Board Position Statement regarding medical record documentation. This was reviewed with staff. Progress Note Pointers were distributed (see attached). A few staff are not meeting requirements regarding progress notes. These staff are going to be held accountable for their inadequate documentation. Conferences will be held with these staff members in the future. Progress note statistics will be distributed tomorrow.

Expectations regarding documentation (progress notes, assessments, informed consent) reviewed.

Importance of being specific about vital sign expectations discussed. If you don't want patient awakened for vital signs, don't order them q4hours. Instead order them, q4hours 8 am – 10 pm.

Progress Notes Pointers – Training 08/11/08

Recommended Format:

- S-O-A-P
-

Required Content:

- See Medical Record Documentation from the NC Medical Board
- Progress Notes (psychiatric) should specify what medications a patient is receiving and the target symptoms of those medications. (for example, a “P” portion of a progress note may say “continue risperdal for delusions and celexa for depression.”)
- Progress notes (psychiatric) should specify why antipsychotic polypharmacy (when applicable) is necessary (provide evidence of refractory symptoms, what has happened when one antipsychotic was stopped).
- Progress notes (psychiatric) should specify why benzodiazepines (when applicable) are necessary (what is the plan regarding their taper, what has happened when it was tapered).
- Progress Notes must clearly identify what is being done for the patient so that any covering physician can take over at any time.

Required Frequency

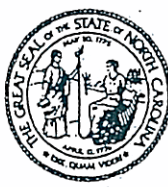
- Dependent upon the patient’s home unit, length of stay, and level of care

Triggers for a Progress Note by the Close of the Next Regular Work Day:

- Medication changes
- Initiation of 1:1 precautions
- Change in suicide precautions
- Significant changes in a patient’s symptoms
- Changes in diagnosis
- Transfer between Cherry Hospital units

Reminders:

- Progress Notes can be a legal asset or a legal liability. Progress Notes must be written in a professional manner. Progress Notes should be objective and unbiased and should not express personal opinions. If you would be embarrassed having your Progress Note read aloud in court, you shouldn’t be writing it.
- Psych Assessments and Discharge Notes do not count as Progress Notes.
- Progress Notes should address the interventions you have been assigned on the patient’s treatment plan and the patient’s subsequent progress in reaching his/her goals.



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

CHERRY HOSPITAL

201 Stevens Mill Road • Goldsboro, N.C. 27530-1057 • Courier #01-11-05

Telephone Number (919) 731-3200 Fax (919) 731-3785

Michael F. Easley, Governor
Dempsey Benton, Secretary
Michael S. Lancaster, M.D. and
Leza Wainwright, Directors

Jack St. Clair, Ed.D., NHA
Cherry Hospital Director

TO: All Staff

FROM: Jack St. Clair, Ed.D., NHA
Hospital Director

DATE: August 11, 2008

SUBJECT: Division of Health Services Regulation Survey

Last week a survey team from the Division of Health Services Regulation (DHSR) conducted a complaint investigation of our facility. Their review primarily included two incidents that occurred in April of this year – one involving the nursing care of a patient and one involving an aggressive patient. Specific findings included failure to monitor patient needs, particularly in areas of nutrition, hydration, and toileting per MD orders, as evidenced by failure to provide adequate assessment, care and documentation, about the condition of the patient. They also cited a failure to use proper NCI techniques to de-escalate an agitated patient, and failure to notify the guardian in a timely manner of an ensuing investigation.

Although we were aware of both incidents and had taken steps to address these issues, the survey team determined that we had not implemented sufficient actions to promote a safe environment, minimize the potential for injury, or provide the oversight to ensure adequate patient care. As a result, Cherry Hospital was placed in Immediate Jeopardy (IJ).

What this means is that we will have 23-days to submit a plan of correction and demonstrate to the surveyors during a return visit that we have systems in place to address these issues. Otherwise, we will be decertified as a recipient of federal funds from the Centers of Medicare/Medicaid Services (CMS). Immediately following that survey there will be a full survey of our facility related to all conditions of participation with CMS.

As you know any facility facing IJ is a serious matter and requires our immediate attention. We have been there before and successfully had the IJ abated, and we will this time too. But it will take a lot of work, receptivity, and cooperation of staff, and I expect every staff member to fully do his/her part.

Change in Staff Privileges - LAW

§ 90-14.13. Reports of disciplinary action by health care institutions; reports of professional liability insurance awards or settlements; immunity from liability.

(a) The chief administrative officer of every licensed hospital or other health care institution, including Health Maintenance Organizations, as defined in G.S. 58-67-5, preferred providers, as defined in G.S. 58-50-56, and all other provider organizations that issue credentials to physicians who practice medicine in the State, shall, after consultation with the chief of staff of that institution, report to the Board the following actions involving a physician's privileges to practice in that institution within 30 days of the date that the action takes effect:

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2. A revocation, suspension, or limitation of privileges that has been finally determined by the governing body of the institution.
3. A resignation from practice or voluntary reduction of privileges.
4. Any action reportable pursuant to Title IV of P.L. 99-660, the Health Care Quality Improvement Act of 1986, as amended, not otherwise reportable under subdivisions (1), (2), or (3) of this subsection.

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1. Any award of damages or settlement of any claim or lawsuit affecting or involving a person licensed under this Article that it insures.
2. Any cancellation or nonrenewal of its professional liability coverage of a physician, if the cancellation or nonrenewal was for cause.

MEDICAL RECORD DOCUMENTATION

North Carolina Medical Board takes the position that physicians and physician extenders should maintain accurate patient care records of history, physical findings, assessments of findings, and the plan for treatment. The Board recommends the Problem Oriented Medical Record method known as SOAP (developed by Lawrence Weed).

SOAP charting is a schematic recording of facts and information. The S refers to "subjective information" (patient history and testimony about feelings). The O refers to objective material and measurable data (height, weight, respiration rate, temperature, and all examination findings). The A is the assessment of the subjective and objective material that can be the diagnosis but is always the total impression formed by the care provided after review of all materials gathered. And finally, the P is the treatment plan presented in sufficient detail to allow another care provider to follow the plan to completion. The plan should include a follow-up schedule.

Such a chronological document

- records pertinent facts about an individual's health and wellness;
- enables the treating care provider to plan and evaluate treatments or interventions;
- enhances communication between professionals, assuring the patient optimum continuity of care;
- assists both patient and physician to communicate to third party participants;
- allows the physician to develop an ongoing quality assurance program;
- provides a legal document to verify the delivery of care; and
- is available as a source of clinical data for research and education.

Certain items should appear in the medical record as a matter of course:

- the purpose of the patient encounter;
- the assessment of patient condition;
- the services delivered--in full detail;
- the rationale for the requirement of any support services;
- the results of therapies or treatments;
- the plan for continued care;
- whether or not informed consent was obtained; and, finally,
- that the delivered services were appropriate for the condition of the patient.

The record should be legible. When the care giver will not write legibly, notes should be dictated, transcribed, reviewed, and signed within reasonable time. Signature, date, and time should also be legible. All therapies should be documented as to indications, method of delivery, and response of the patient. Special instructions given to other care givers or the patient should be documented: Who received the instructions and did they appear to understand them?

All drug therapies should be named, with dosage instructions and indication of refill limits. All medications a patient receives from all sources should be inventoried and listed to include the method by which the patient understands they are to be taken. Any refill prescription by phone should be recorded in full detail.

Cherry Hospital Credentials Committee Meeting

August 12, 2008

8:30 a.m.

Medical Staff Lounge

Type of meeting:	Monthly	Minutes Taken by:	Snow Proctor
Attendees:	Dr. Karuna Uppal, Chairman <u>K. Uppal</u> Dr. Kimberly Johnson <u>reviewed 8/12/08 Kimberly Johnson MD</u> Dr. Suneetha Mattegunta <u>S. Mattegunta</u> Dr. Venkata Chittilla <u>V. Chittilla</u> Dr. Khwaja Hussain _____ Judy Casey, R.N., Compliance Officer <u>Judy Casey</u> Brenda M. Smith, Coordinator <u>Snow Proctor</u>		

Appointment of Clinical Privileges:

- Dr. Jennifer Egan – Consulting Pathologist

NCPHP Quarterly Report – Dennis Harris, PA-C

Cherry Hospital Credentials Minutes

August 12, 2008

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Item	Recommendations/Conclusions/Actions	Follow-Up
Appointment of Clinical Privileges	<p><u>Dr. Jennifer Egan – Consulting Pathologist from UNC</u></p> <p><u>Credentials Provided for Review:</u> Application for Initial Appointment to the Consulting Cherry Hospital Medical Staff Delineation of Clinical Privileges – Consulting Pathologist Conflict of Interest Disclosure Statement Recommendation from Dr. Mark E. Brecher, Director, Clinical Pathology, Professor, Pathology and Laboratory Medicine, UNC Hospital, Chapel Hill, NC Curriculum Vitae N. C. Medical License – 2007-00191- issued 02-21-07 Annual Renewal of NC Medical License – Valid until 9/12/09 (verified on line – profile attached) Doctor of Medicine – Albert Einstein College of Medicine (Yeshiva University) – June 2003 Resident in Anatomic & Clinical Pathology – UNC at Chapel Hill – 2003 – 2007 - verified by AMA Fellow in Cytopathology – UNC at Chapel Hill – 2007 – 2008 - verified by AMA profile Fellow in Hematopathology – UNC at Chapel Hill – 2008 – 2009 – verified by Dr. Brecher's letter American Board of Pathology - Certified in Anatomic and Clinical Pathology – 11/06/07 – valid until 12/31/2017 – verified by AMA profile AMA profile – attached – verified training National Practitioner Data Bank Profile – Ordered Office Of Inspector General – Fraud Query – ordered Determining Organizational Resource Availability form – attached</p> <p><u>Clinical Privileges Requested:</u> Dr. Egan is requesting the Routine Duties for a Consulting Pathologist as outlined on the Clinical Privileges Delineation Form. Some of her responsibilities will be to provide technical assistance to the laboratory director as needed and provide continuing medical education lectures for the laboratory personnel.</p> <p>The Credentials Committee noted that all elements were in place for the appointment of Dr. Egan with the exception of the National Practitioner Data Bank profile. This has been ordered through the appropriate channels and should be received in Clinical Services this week.</p> <p>After reviewing the other data submitted, the Credentials Committee agreed to recommend to the MSEC that Dr. Egan be appointed to the Cherry Hospital Consulting Medical Staff and granted clinical privileges as requested pending receipt of a good NPDB report.</p>	Refer to MSEC.
Quarterly Report from NCPHP	<p>On July 21, 2008 a quarterly report from NCPHP was received in Clinical Services on Dennis Harris, PA-C. This report outlines that Mr. Harris has continued to comply with the program, attending self-help groups, meeting with NCPHP staff as required, and continuing to have negative urine drug screens.</p> <p>Dr. Pittard, Acting Director and immediate supervisor of Mr. Harris, noted that he has continued to remain a dependable and competent employee.</p>	

Cherry Hospital Credentials Minutes

August 12, 2008

Page 3

Item	Recommendations/Conclusions/Actions	Follow-Up
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The Credentials Committee notes that the contract period with NCPHP for Mr. Harris has terminated as of July 21, 2008. The Credentials Committee has monitored Mr. Harris' progress in this program from July 21, 2003 until now and is pleased that he has followed the program to completion with great results.

Report progress to MSEC.

Due to an incident investigated by the Division of Health Services Regulation (DHSR) Survey last week involving a failure to report a doctor's administrative leave to the NC Medical Board, a copy of the law (90-14.13.) regarding reporting changes in Staff Privileges was distributed to those present at the meeting. A copy of this law was also passed out to medical staff at a called Medical Staff Meeting held on Monday, August 11th. The specific law and reporting requirements will be inserted into the Cherry Hospital Credentialing Manual so that the Credentials Committee and staff responsible for credentialing will be aware of it.

Respectfully submitted:



Snow Proctor
Secretary to Credentials Committee



Karuna Uppal, M. D.
Chairman, Credentials Committee

cc: PI Department, MSEC members, Standards Management

Change in Staff Privileges - LAW

§ 90-14.13. Reports of disciplinary action by health care institutions; reports of professional liability insurance awards or settlements; immunity from liability.

(a) The chief administrative officer of every licensed hospital or other health care institution, including Health Maintenance Organizations, as defined in G.S. 58-67-5, preferred providers, as defined in G.S. 58-50-56, and all other provider organizations that issue credentials to physicians who practice medicine in the State, shall, after consultation with the chief of staff of that institution, report to the Board the following actions involving a physician's privileges to practice in that institution within 30 days of the date that the action takes effect:

1. A summary revocation, summary suspension, or summary limitation of privileges, regardless of whether the action has been finally determined.
2. A revocation, suspension, or limitation of privileges that has been finally determined by the governing body of the institution.
3. A resignation from practice or voluntary reduction of privileges.
4. Any action reportable pursuant to Title IV of P.L. 99-660, the Health Care Quality Improvement Act of 1986, as amended, not otherwise reportable under subdivisions (1), (2), or (3) of this subsection.

(a1) A hospital is not required to report:

1. The suspension or limitation of a physician's privileges for failure to timely complete medical records unless the suspension or limitation is the third within the calendar year for failure to timely complete medical records. Upon reporting the third suspension or limitation, the hospital shall also report the previous two suspensions or limitations.
2. A resignation from practice due solely to the physician's completion of a medical residency, internship, or fellowship.

(a2) The Board shall report all violations of subsection (a) of this section known to it to the licensing agency for the institution involved. The licensing agency for the institution involved is authorized to order the payment of a civil penalty of two hundred fifty dollars (\$250.00) for a first violation and five hundred dollars (\$500.00) for each subsequent violation if the institution fails to report as required under subsection (a) of this section.

(b) Any licensed physician who does not possess professional liability insurance shall report to the Board any award of damages or any settlement of any malpractice complaint affecting his or her practice within 30 days of the award or settlement.

(c) The chief administrative officer of each insurance company providing professional liability insurance for physicians who practice medicine in North Carolina, the administrative officer of the Liability Insurance Trust Fund Council created by G.S. 116-220, and the administrative officer of any trust fund or other fund operated or administered by a hospital authority, group, or provider shall report to the Board within 30 days any of the following:

1. Any award of damages or settlement of any claim or lawsuit affecting or involving a person licensed under this Article that it insures.
2. Any cancellation or nonrenewal of its professional liability coverage of a physician, if the cancellation or nonrenewal was for cause.

3.A m alpractice payment that is reportable pursuant to Title IV of P.L. 99-660, the Health Care Quality Improvement Act of 1986, as amended, not otherwise reportable under subdivision (1) or (2) of this subsection.

(d) The Board shall report all violations of this section to the Commissioner of Insurance. The Commissioner of Insurance is authorized to order the payment of a civil penalty of two hundred fifty dollars (\$250.00) for a first violation and five hundred dollars (\$500.00) for each subsequent violation against an insurer for failure to report as required under this section.

(e) The Board may request details about any action covered by this section, and the licensees or officers shall promptly furnish the requested information. The reports required by this section are privileged, not open to the public, confidential and are not subject to discovery, subpoena, or other means of legal compulsion for release to anyone other than the Board or its employees or agents involved in application for license or discipline, except as provided in G.S. 90-16. Any officer making a report required by this section, providing additional information required by the Board, or testifying in any proceeding as a result of the report or required information shall be immune from any criminal prosecution or civil liability resulting therefrom unless such person knew the report was false or acted in reckless disregard of whether the report was false. (1981, c. 573, s. 14; 1987, c. 859, s. 11; 1995, c. 405, s. 8; 1997-481, s. 2; 1997-519, s. 3.14; 2006-144, s. 6.)

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Medical Emergencies/Code Blue Competency Exhibit P

Note: Must be performed in consideration of age appropriate guidelines

	TASK	YES	NO	COMMENTS
1.	Checks scene/victim			
2.	Call for help (3370)			
3.	Ensure Emergency cart brought to scene			
4.	Ensure Nursing Protocol is followed.			
5.	Medical Emergency: administer care as needed 1. Ensure an unobstructed airway, 2. Ensure adequate ventilation (administer Oxygen at 6 L/min), 3. Check for profuse external bleeding and apply direct pressure, 4. Start IV of Normal Saline at KVO 5. Monitor vital signs, 6. Immobilize suspected fractures, and 7. Initiate Code Blue Record			
6.	Cardiac Arrest/Respiratory Arrest/Life Threatening Event : administer care as needed 1. Initiate CPR 2. Ensure an unobstructed airway (suction, position, airway insertion), 3. Ensure adequate ventilation (mouth-to-mouth or Ambu-bag technique with oxygen at 15L/min), 4. Check for profuse external bleeding and apply direct pressure, 5. Assembles IV equipment and tubing. Starts IV of Normal Saline at KVO. 6. Monitor vital signs 7. Initiate Code Blue Record			
7.	Delegates staff to call 911			
8.	Utilizes ambubag as per facility policy			
9.	Oxygen Administration Via ambu bag:			
10.	Ensure that ambu bag is attached correctly to large outlet			
11.	Twist tubing (at outlet) to right to turn oxygen on. It will automatically deliver 15 liters per minute.			
12.	Apply face shield/mask (attached to ambu bag) correctly to patients face			
13.	Prepare and follow monitor instructions for AED			
14.	Monitor Vital Signs			
15.	Initiates appropriate documentation Progress note Incident report /Sentinel Event			
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Performing Nurse</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Assigned Unit</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Supervising Nurse</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>				